



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
TEACHER CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

### VERIFICATION OF TEACHING EXPERIENCE

#### SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

\*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ( )

W ( )

[\\*See Attached Social Security Number Disclosure](#)

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

#### SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS TAUGHT

SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)	SUBJECT AREA(S) TAUGHT	GRADE LEVEL(S)

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

**NOTE:** Teacher certification in Missouri is designed into a multi-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. **Experience must be contracted and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.**

**PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.**

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.  
PHOTOCOPIES OR FACSIMILES OF THIS COMPLETED APPLICATION CANNOT BE ACCEPTED.  
PLEASE VISIT OUR WEBSITE AT: [www.dese.state.mo.us](http://www.dese.state.mo.us)**